

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

**Mayors Against Illegal Guns Action Fund**(b) Address (number and street) ☐ check if different than previously reported  
909 Third Avenue

(c) City, State and ZIP Code

New York

NY

10022

(d) Name of Employer or Principal Place of Business

(e) Occupation

**2. FEC Identification Number****C** C30000897**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y  
08 / 06 / 2012

D D D / Y Y Y Y Y Y

through

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2012

D D D / Y Y Y Y Y Y

2012

**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2012

D D D / Y Y Y Y Y Y

2012

(b) Communication Title Demand A Plan**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Kathleen McInerney

(b) Address (number and street)

909 Third Avenue

(c) City, State and ZIP Code

New York

NY

10022

(d) Name of Employer or Principal Place of Business

Geller &amp; Co.

(e) Occupation

Financial Advisor

**9. Total Donations This Statement**

, , 1000.00

**10. Total Disbursements/Obligations This Statement**

, , 42605.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Arkadi Gerney

SIGNATURE

Arkadi Gerney

[Electronically Filed]

DATE

08/09/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

**List of Person(s) Sharing/Exercising Control**  
 (use additional pages as necessary)

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**11. Person(s) Sharing/Exercising Control**
**A.** (a) Name **Transaction ID : F91.4100**

Arkadi Gerney

(b) Address (number and street) 909 Third Avenue

(c) City, State and ZIP Code

New York

NY 10022

(d) Name of Employer or Principal Place of Business

MAIGAF

(e) Occupation

Chairman

**B.** (a) Name **Transaction ID : F91.4101**

Richard DeScherer

(b) Address (number and street) 909 Third Avenue

(c) City, State and ZIP Code

New York

NY 10022

(d) Name of Employer or Principal Place of Business

MAIGAF

(e) Occupation

Vice Chairman

**C.** (a) Name **Transaction ID : F91.4102**

Diane Gubelli

(b) Address (number and street) 909 Third Avenue

(c) City, State and ZIP Code

New York

NY 10022

(d) Name of Employer or Principal Place of Business

MAIGAF

(e) Occupation

Secretary/Treasurer

**D.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

**E.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

**SCHEDULE 9-A**  
**Donation(s) Received**

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<b>A.</b> Full Name of Donor <b>Judi Krupp</b>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">08 / 06 / 2012</div> </div> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>
Mailing Address of Donor 38 Winsor Way	<b>Transaction ID : F92.4208</b>
<div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Weston</span> <span>MA</span> <span>02493</span> </div>	
<b>B.</b> Full Name of Donor  Mailing Address of Donor  <div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip</span> </div>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;"></div> </div> Amount <div style="border: 1px solid black; padding: 2px;"></div>
<b>C.</b> Full Name of Donor  Mailing Address of Donor  <div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip</span> </div>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;"></div> </div> Amount <div style="border: 1px solid black; padding: 2px;"></div>
<b>D.</b> Full Name of Donor  Mailing Address of Donor  <div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip</span> </div>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;"></div> </div> Amount <div style="border: 1px solid black; padding: 2px;"></div>
<b>E.</b> Full Name of Donor  Mailing Address of Donor  <div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip</span> </div>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;"></div> </div> Amount <div style="border: 1px solid black; padding: 2px;"></div>
<b>SUBTOTAL</b> of Donations This Page (optional) ..... ►	
<b>TOTAL</b> This Period (last page this line number only) ..... ► (carry total from last page to Line 9)	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">1000.00</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">1000.00</div>	

**SCHEDULE 9-B**

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**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Buying Time, LLC</b>				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY  08 / 07 / 2012 </div>	
Mailing Address of Payee 650 Massachusetts Avenue. SW Suite 210				<b>Amount</b> <div style="border: 1px solid black; padding: 2px;"> 40680.00 </div>	
City Washington		State DC		Zip Code 20001	
Name of Employer		Occupation		<b>Communication Date</b> <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY  08 / 08 / 2012 </div>	
Purpose of Disbursement (Including title(s) of communication(s)) Media Buy - Demand A Plan				<b>Transaction ID : F93.4210</b>	
Name of Federal Candidate BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00		Disbursement/Obligation For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>Transaction ID : F94.4176F93.4210</b>					
Name of Federal Candidate MITT ROMNEY		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00		Disbursement/Obligation For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>Transaction ID : F94.4177F93.4210</b>					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>Devine Mulvey, Inc.</b>					
Mailing Address of Payee 2141 Wisconsin Avenue, NW Suite H				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY  08 / 08 / 2012 </div>	
City Washington		State DC		Zip Code 20007	
Name of Employer		Occupation		<b>Amount</b> <div style="border: 1px solid black; padding: 2px;"> 1925.00 </div>	
Purpose of Disbursement (Including title(s) of communication(s)) Production Costs - Demand A Plan				<b>Communication Date</b> <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY  08 / 08 / 2012 </div>	
				<b>Transaction ID : F93.4211</b>	
Name of Federal Candidate BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00		Disbursement/Obligation For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>Transaction ID : F94.4176F93.4211</b>					
Name of Federal Candidate MITT ROMNEY		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00		Disbursement/Obligation For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>Transaction ID : F94.4177F93.4211</b>					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional) .....</b>				<div style="border: 1px solid black; padding: 2px;"> 42605.00 </div>	
<b>TOTAL This Period (last page this line number only) .....</b> (carry total from last page to Line 10)				<div style="border: 1px solid black; padding: 2px;"> 42605.00 </div>	